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FEC FORM 1

STATEMENT OF ORGANIZATION

FORINI I				Office Use Only								
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4N	15 (1975) - 1975) 15 (1975) - 1976) 1887 - 1975 (1976)								
INDIANA RI	GHT TO LIF	E POLITICA	L AC	TION								
COMMITTEE	INC		1_1,1_1,1									
ADDRESS (number and street)	185,20 ALLI	SOM POINTE	BLU	D								
(Check if address is changed)	FNDIANAPOLTS: IFM 146250-1											
	<u> </u>	CITY	STATE	ZIP CODE								
COMMITTEE'S E-MAIL ADDRE			52									
		ZHSCCPACOM	1 1 1 1	· 								
(Check if address is changed)			1 1 1									
COMMITTEE'S WEB PAGE AD	DDRESS (URL)			99 - 20 <u></u>								
(Check if address is changed)	•	A.C.CoM										
2. DATE 0.4 0	1 2011	•										
3. FEC IDENTIFICATION N	IUMBER C	0248898										
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)										
I certify that I have examined to	2-11	t of my knowledge and belief	it is true, corre	ect and complete.								
Type or Print Name of Treasure	er // (an/ (U.	Kennerg										
Signature of Treasurer	372.9		Date 💆	4 61 2011								
NOTE: Submission of false, error	•	may subject the person signing ON SHOULD BE REPORTED V		to the penalties of 2 U.S.C. §437g.								
Office Use Only	•	For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)								

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(b)											ndidate									
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Par	ty Coi	nmitte	:е:																	
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_	FEC Form 1 (Revised 02/2009)	Page 3
$\overline{}$	Write or Type Committee Name	
\mathcal{I}	NOTANA RIGHT TO LIFE POLITICAL ACTION COMMI	TTEE
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	
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	Mailing Address 8520 AIII ES OM POFMTET BLKD	
	SUITE 220 1111111111111111111111111111111111	
	INDIAMAPOLIZSI I I I I I I I I I I I I I I I I I I	0-1 1
		CODE
	Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponsor
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in posses books and records.	sion of committee
	Full Name BARRY BOSTROM	1
	Mailing Address USOUTH STATH ST	
		_ ! _ ! _ ! _ !
	VERRE HAUTE FM 14730	21
	Title or Position CITY STATE ZIP	CODE
	6EMERAL COUNSELL Telephone number 8/21-123	2-124341
8.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	and address of
	Full Name of Treasurer BRANT KENNEDS	
	Mailing Address WARDING SHYMANSKI T CO PSC	
	21 SETHERD ST SULTE 500	
	CITY STATE ZIP	8]-[] CODE
	Title or Position TREASURER Telephone number BLD-146.	41-19/61

Name of Bank, Depository, etc.

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C)

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CITY

STATE

ZIP CODE

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(3/2005)

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